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ABSTRACT

Post-traumatic stress disorder (PTSD) was officially recognized as a disorder by the American Psychiatric Association in January 1980, and the Veterans Administration (VA) started processing veterans' claims for the disorder in October 1980. To investigate allegations that the Buffalo VA Regional Office was disapproving a high percentage of claims based on PTSD, not processing claims in a timely manner, awarding initial rating levels that were too low, and not providing due process to PTSD claimants, 32 PTSD cases were reviewed. The results revealed that: (1) statistical data on rating levels for PTSD cases were not available; (2) of the 32 cases reviewed, 19 were approved by the Buffalo Office to receive benefits, 4 were granted benefits by the Board of Veterans Appeals, 8 had been denied by Buffalo and were in the appeals process, and 1 case was denied and closed; (3) the 23 cases receiving benefits had a weighted average rating at the 40-percent degree of disability level and an initial weighted-average rating at the 30-percent level; (4) the Buffalo Office practice for deciding whether to request a psychiatric examination resulted in delay in processing claims; and (5) of 21 decisions rendered by the Board of Veterans Appeals for the 32 cases, none resulted in a return of the case to the Buffalo Office for lack of due process. Corrective actions which Buffalo Office officials have taken or agreed to take should reduce the processing time for PTSD claims. (NB)

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United States General Accounting Office

GAO

Report to the Honorable
George C. Wortley
House of Representatives

January 1987

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VETERANS' CLAIMS

Post-Traumatic Stress Disorder

CG 019769

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United States
General Accounting Office
Washington, D.C. 20548

Human Resources Division
B-224997

January 20, 1987

The Honorable George C. Wortley
House of Representatives

Dear Mr. Wortley:

In response to your November 14, 1985, request and later agreements with your office, we reviewed 32 post-traumatic stress disorder cases to investigate allegations that the Buffalo Veterans Administration Regional Office was

- disapproving a high percentage of claims based on the disorder,
- not processing these claims in a timely manner,
- awarding initial rating levels that were too low, and
- not providing due process to post-traumatic stress disorder claimants (an allegation based on the number of cases returned by the Board of Veterans Appeals).

The results of our work are summarized below and discussed in detail in appendix I.

Post-traumatic stress disorder was officially recognized as a disorder by the American Psychiatric Association in January 1980. The disorder can be caused by extreme stress while in military service. The Veterans Administration (VA) started processing veterans' claims for the disorder in October 1980. VA's Department of Veterans Benefits administers the service-
connected disability benefit program, which pays monthly compensation to veterans disabled by injuries or diseases that occurred or were aggravated during active military duty. The amount of compensation is based on the degree (severity) of the disability as determined by VA rating boards using VA's schedule for rating disabilities.

We did our work at the Buffalo Office and VA central office, reviewing the cases that you indicated were problems; we also reviewed one case each from Congressmen Frank Horton and Stan Lundine, a total of 32 cases. We interviewed officials from the Buffalo Office, the Syracuse and Albany VA Medical Centers, and the VA's Department of Veterans Benefits, Department of Medicine and Surgery, and Board of Veterans Appeals. We also interviewed officials from the American Psychiatric Association, the National Institute of Mental Health, and a contract clinic that provided counseling for post-traumatic stress disorder. We examined the results of quality assurance reviews of the Buffalo Office,

conducted by the Department of Veterans Benefits' Office of Quality Review.

We also interviewed service representatives from the Disabled American Veterans, the Veterans of Foreign Wars, Amvets, and the New York State Division of Veterans Affairs. In addition, our principal psychologist reviewed selected cases in terms of the documentation provided to support the diagnosis of post-traumatic stress disorder.

The following is a summary of our findings:

- We do not know what the Buffalo Office's average rating level is for all post-traumatic stress disorder cases; we also cannot compare the Buffalo Office's rating levels for the disorder with that of other regional offices since neither the Buffalo Office nor VA maintains statistical data on these rating levels.
- For the 32 cases with the disorder that we reviewed, as of June 25, 1986, 23 were receiving benefits. One case was denied and remained closed. The other eight cases were initially denied by the Buffalo Office and were in the appeals process. Of the 23 cases receiving benefits, 19 were approved by the Buffalo Office, and 4 were granted benefits by the Board of Veterans Appeals after the Buffalo Office denied the claims.
- The 23 cases receiving benefits for the disorder had a weighted-average rating at the 40-percent degree of disability level. These same cases had an initial weighted-average rating at the time their benefits were first awarded at the 30-percent level.
- The Buffalo Office practice for deciding whether to request a psychiatric examination for claimants resulted in a delay in processing claims in a majority of the cases we reviewed.
- Of the 21 decisions rendered by the Board of Veterans Appeals for the 32 cases, none resulted in a return of the case to the Buffalo Office for lack of due process. In addition, the forms used to tell a claimant of actions taken by the Buffalo Office also told them of their right to appeal if they were dissatisfied with the actions taken.

Corrective actions, which Buffalo Office officials have taken or agreed to take, should reduce the processing time for post-traumatic stress disorder claims. As for the return of cases, the following was found: When the Board of Veterans Appeals reversed the Buffalo Office decisions in evaluating claims, the reversal was generally due to different criteria followed for the event that caused the extreme stress. The Buffalo Office followed criteria established by the Department of Veterans Benefits, which required verification of the event that caused the stress.

The Board of Veterans Appeals does not require verification of the event if the veteran's account is consistent with the known facts. The Department of Veterans Benefits, in September 1986, modified its policy to require that the event that caused the stress be reasonably supported by the evidence provided rather than need to be verified.

As agreed with your office, we did not obtain agency comments on this report. However, we did discuss the contents of the report with VA's director of Compensation and Pension Service, who said the report accurately described the problems that occurred in processing the 32 claims and the various actions taken to correct the problems. As arranged with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from its issue date. At that time we will send copies to VA and other interested parties and make copies available to others upon request.

Sincerely yours,

Richard L. Fogel

Richard L. Fogel
Assistant Comptroller General

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Abbreviations

BVA	Board of Veterans Appeals
BVARO	Buffalo Veterans Administration Regional Office
DSM-III	Diagnostic and Statistical Manual of Mental Disorders—III
DVB	Department of Veterans Benefits
PTSD	post-traumatic stress disorder
VA	Veterans Administration

Appendix I

Veterans' Claims: Post-Traumatic Stress Disorder

Introduction

In January 1980, post-traumatic stress disorder (PTSD) was officially recognized as a diagnosis by the American Psychiatric Association and included in its Diagnostic and Statistical Manual of Mental Disorders—III (DSM-III). The Veterans Administration (VA), which uses DSM-III for guidance, added the disability to its rating schedule and, in October 1980, began processing PTSD claims from veterans.

PTSD can be caused by events during which a person experiences extreme stress. In military service, such stress, typically, results from a life-threatening experience encountered in combat. However, such stress can be caused by other experiences, for example, duty in a grave-registration unit. Symptoms of PTSD include depression, alienation, rage, survival guilt, sleep disorders (including recurrent nightmares), and anxiety disorders. PTSD can impair veterans' ability to interact socially, adversely affecting their ability to function in a work or family environment.

The symptoms of PTSD may not be evident for many years after a veteran has left military service. This can make it difficult to verify or demonstrate the relationship between the event causing PTSD and the symptoms of the disability. In addition, it is common for a PTSD claimant to want to forget, or not talk about, the experience(s) that caused PTSD.

Debate about PTSD continues, focusing on symptoms, diagnoses, and defining the kinds of events that cause extreme stress; official professional guidelines contained in DSM-III are still evolving. For example, a proposed revision to DSM-III would liberalize criteria for what constitutes an event that causes extreme stress. Currently, this event must be outside the realm of normal human experience and be likely to evoke stress in most people. The proposed revision would eliminate the need that the event cause stress in most people, in recognition of the fact that what constitutes an event that causes stress varies by individual.

VA's Department of Veterans Benefits (DVB) administers the service-connected disability benefit program, which pays monthly compensation to veterans disabled by injuries or diseases that occurred or were aggravated during active military duty. The amount of compensation is based on the severity of the disability as determined by VA rating boards (located at each of the 58 VA regional offices), using VA's schedule for rating disabilities. The schedule lists disabilities and assigns to each disability a rating that is intended to represent the average loss of earnings capacity because of the disability. Compensable ratings range from 10 percent to 100 percent (in increments of 10). There are often several

different possible ratings, depending on severity, for a particular disability. PTSD is rated at 0, 10, 30, 50, 70, and 100 percent; a 0-percent rating, although not compensable, enables the veteran to obtain VA medical treatment for that disability. As of December 1, 1986, the basic monthly compensation rates ranged from $69 (for a veteran rated 10-percent disabled) to $1,355 (for a veteran rated 100-percent disabled).

Each rating board consists of a physician and two rating specialists. Veterans who disagree with a rating board's decisions can file a notice of disagreement and have a hearing before the rating board members or other designated regional office staff. If the matter cannot be resolved at the regional office, the veteran can appeal to the Board of Veterans Appeals (BVA) in Washington, D.C. Veterans can also reopen their claims, at any time, by submitting new evidence.

Objectives, Scope, and Methodology

Our objective was to investigate allegations that the Buffalo Veterans Administration Regional Office (BVARO) was (1) disapproving a high percentage of PTSD claims, (2) not processing these claims in a timely manner, (3) awarding initial rating levels that were too low, and (4) not providing due process to PTSD claimants (an allegation based on cases returned by BVA). We agreed to review those cases that Congressman George Wortley indicated were problem cases; we also reviewed one case each from Congressmen Frank Horton and Stan Lundine, a total of 32 cases.

For each case reviewed, we examined the BVARO claim file, developing a complete chronology of events and a case summary highlighting the four areas of concern. We then analyzed each case and developed questions concerning the handling of each. These questions were posed to a panel of rating specialists from BVARO for an explanation. The review of these cases included case actions up to June 25, 1986. For a selection of cases we reviewed, we also confirmed the accuracy of retroactive benefits paid to veterans.

In addition, we conducted a literature search and reviewed applicable laws, regulations, and procedures relating to the processing of PTSD claims. We interviewed officials from BVARO, Syracuse and Albany VA Medical Centers, and the VA's DVB, Department of Medicine and Surgery, and BVA. We also interviewed officials from the American Psychiatric Association, the National Institute of Mental Health, and a contract clinic that provided PTSD counseling. We examined the results of quality assurance reviews of BVARO conducted by DVB's Office of Quality Review.

We interviewed service representatives from the Disabled American Veterans, who represented 30 of the 32 PTSD cases we reviewed. We examined their files on these cases to ensure that they were properly informed by BVARO of actions taken on these cases. We offered interview opportunities to representatives from four other major service organizations serving veterans within the jurisdiction of BVARO. Accordingly, we interviewed representatives from the Veterans of Foreign Wars (who represented the other two cases we reviewed), Amvets, and the New York State Division of Veterans Affairs. In addition, our principal psychologist reviewed selected cases in terms of the documentation provided to support the diagnosis of PTSD.

We discussed the contents of this report with the director of VA's Compensation and Pension Service, who said the report accurately described the problems that occurred in processing the 32 claims and the various actions taken to correct the problems.

Our review was conducted in accordance with generally accepted government auditing standards.

Claim-Approval Statistics Not Maintained

We could not determine the number of all PTSD claims that BVARO approved because

- BVARO does not maintain statistics on approved PTSD claims, and
- VA's nationwide statistics, by regional office, do not provide data such as the initial decision to approve (or deny) claims.

For the 32 PTSD cases we reviewed, as of June 25, 1986, 23 were receiving benefits. One case was denied and remained closed. The other eight cases were initially denied by BVARO and were in the appeals process. Of the 23 cases receiving benefits, 19 were approved by BVARO, and 4 were granted benefits by BVA after BVARO's denial of the claims.

A major reason for BVA's reversal of BVARO's decisions in PTSD cases is that BVA, in evaluating a claim for PTSD, followed different criteria for the event that caused the stress. BVARO followed DVB criteria, which required verification of the event. BVA did not require verification of the event if the veteran's account was consistent with the known facts. On September 4, 1986, DVB issued circular 21-86-10, which requires that the event be reasonably supported by the evidence rather than be objectively verified, as the previous policy required. A DVB official stated that

this should make it easier for veterans to have the event that caused the stress accepted.

Requesting Psychiatric Examinations Earlier

In most of the cases we reviewed, BVARO's practice for deciding whether to request a psychiatric examination for PTSD claimants resulted in a delay in processing claims. Generally, before requesting an examination, BVARO required the following: (1) the submission of medical evidence of PTSD and (2) the indication, on the claimant's service record, that an event that caused extreme stress may have occurred while the claimant was in military service. BVARO officials told us that, in some cases, evidence submitted by social workers or Ph.D.'s in psychology was not considered an adequate basis to request an examination. Yet, federal regulations (38 C.F.R. §3.326(b)) state that evidence from a lay person is acceptable. In other cases, BVARO officials said that examinations were not requested because the service records did not clearly verify the presence of an event that caused stress. However, one of the major purposes of the psychiatric examination is for the psychiatrist to establish rapport with the veteran to encourage discussion of what triggered PTSD. Often, a veteran attempts to block out the event, and is reluctant to talk about the event or describe it in writing to support the claim. The examination may help get the event identified so that it can be verified.

Federal regulations (38 C.F.R.§3.326(a)(b)) state that examinations should be requested if there is a "reasonable probability" of a valid claim and that "reasonable probability" be interpreted liberally. In the 32 cases we reviewed, there were 34 instances in which BVARO made a decision as to whether to request a psychiatric examination.[1] In 16 of these 34 instances, a psychiatric examination was requested. Benefits were awarded by BVARO in 10 cases and denied by both BVARO and BVA in 3 cases; 3 cases are pending further development by BVARO or are in the appeals process.

In the other 18 instances, an examination was not requested by BVARO, and the claim was denied. However, of these, 15 have since had examinations requested. In 11 of these 15 cases, examinations were requested by BVARO after additional evidence was submitted. BVA returned the other 4 cases for a psychiatric examination before it would decide the case on appeal. Of these 15 cases, 11 were awarded benefits, 1 was denied (by both BVARO and BVA), and 3 are in the appeals process. As for

[1]Two of the 32 cases were denied by both BVARO and BVA, but were subsequently reopened with new evidence. For this report, we treated these as new cases.

the other 3 cases, 1 was granted benefits for PTSD by BVA without the need for an examination; the remaining 2 have appealed to BVA.

We estimate that, after a denial, the average additional time in the adjudication process incurred by claimants (who had to submit new evidence to get a psychiatric examination) was about 9 months; those claimants who appealed their cases to BVA (to get an examination) incurred an average additional 23 months' delay. Currently, 12 of the 18 cases denied without an examination were reopened; the veterans are receiving compensation for PTSD. In addition, BVA has not upheld any denials among those BVARO cases where an examination was not scheduled. BVA has returned cases to BVARO for examinations and, in one case, awarded benefits without requiring an examination because hospital reports from several VA medical centers supported a diagnosis of PTSD. In addition, according to VA policy, benefits should be paid retroactively to the date of the initial claim. Of the 23 cases receiving benefits that we reviewed, we checked the amounts of the retroactive payments for 8. The payments were correct.

After a review of these cases by officials from both BVARO and DVB, BVARO officials changed the practice for requesting psychiatric examinations for PTSD claimants. The BVARO regional director told us that evidence of PTSD from social workers or Ph.D.'s in psychology will now be considered acceptable as evidence of the need for an examination. In addition, where a veteran's service record indicates that the veteran probably encountered events that caused stress during military service, an examination will be requested without the need for the veteran to document PTSD. Finally, every PTSD claimant appealing to BVA will be given a psychiatric examination.

Improving the Processing of Claims

In addition to implementing the above corrective actions, BVARO officials have taken, or plan to take, the following action to improve claims processing in general: BVARO requires that military records be submitted when a psychiatric examination is requested. (In cases where BVARO requested a psychiatric examination, BVARO waited until it received a diagnosis of PTSD from the VA examining psychiatrist before taking action to verify the event that caused the stress.)

To improve coordination with VA medical centers, BVARO officials met with officials from VA medical centers in their region. BVARO officials told us that, as a result of these meetings, the following was decided:

- Whenever possible, before every initial psychiatric examination for PTSD, a social survey[2] will be given; the results will be available to the examining psychiatrist.
- BVARO will attempt to have claim folders available to the psychiatrist prior to the examinations. In turn, BVARO officials expect that psychiatric examinations will be conducted according to the VA's "Physician's Guide for Disability Evaluation Examinations," with the examination reports suitable for rating decisions. If not, the reports will be returned to the psychiatrists.
- BVARO plans a continuing dialogue with the VA medical centers to deal with any problems that arise concerning PTSD claims.
- One VA medical center appointed a person to serve as a coordinator of PTSD issues with BVARO.

DVB's Office of Quality Review has a routine quality assurance program that monitors processing of claims. If no PTSD claim occurs during the office's next two review periods, it plans to select a random sample of PTSD claims from BVARO. This will implement the monitoring of PTSD claims processing. In addition, BVARO's regional director said that BVARO will perform an internal quality assurance review of PTSD claims.

Conclusion

BVARO could have processed PTSD claims that we reviewed in a more timely manner. BVARO's practice concerning the requesting of psychiatric examinations did not comply with federal regulations and resulted in delays in processing claims. Corrective actions, which BVARO officials have taken or have agreed to take, should reduce the processing time for PTSD claims.

Initial Rating Levels Not Maintained

We do not know what BVARO's average rating level (based on degree of disability) was for PTSD cases, nor can we compare BVARO to other regional offices' PTSD rating levels since neither BVARO nor VA maintains statistical data on rating levels. However, for the 32 PTSD cases we reviewed, as of June 25, 1986, 23 were receiving benefits for PTSD with a weighted average of about 40 percent.[3] These same cases had

[2]A social survey, normally conducted by a social worker, gathers information on the veteran's personal and military history as well as an assessment of the current situation.

[3]Although PTSD is not rated at the 40-percent degree of disability, this weighted average permits comparison between the initial and current rating levels. The weighted average is computed by calculating the number of cases at each degree, multiplied by the degree, and dividing the cumulative total by 23.

weighted-average ratings at the 30-percent level when they were initially rated. A breakdown of the initial and latest rating levels can be seen in table I.1.

Table I.1: Initial and Latest Rating Levels for PTSD Cases, by Degree of Disability

Rating (degree of disability in percent)	Rating levels (number of cases)	
	Initial	Latest
0	1	0
10	7	4
30	10	10
50	3	5
70	0	1
100	2	3
Total	**23**	**23**

Eight of the 23 PTSD cases had a combined total of 11 rating level changes, with 9 increases and 2 reductions. Only one case received lower benefits than it did initially. In this case, based on a reexamination, BVARO determined that the veteran's condition had improved.[4] Of the 11 rating changes, BVARO accounted for 8, DVB accounted for 2, and BVA accounted for 1.

The eight changes that were attributed to BVARO decisions were all based on the results of additional psychiatric examinations. The primary reasons for requesting additional examinations are the need to evaluate a veteran's request for increased benefits, the receipt of additional medical evidence (such as hospitalization or clinical treatment reports), or the result of a periodic reexamination. Other factors with an impact on the changing of rating levels were social surveys, personal hearings, and veterans' statements.

No Cases Returned for Lack of Due Process

Of the 21 decisions rendered by BVA for the 32 PTSD cases we reviewed, none resulted in the return of a case to BVARO by BVA for lack of due process. In addition, the forms used to tell a claimant of BVARO's action also told the claimant about appeal rights. We also reviewed the case files maintained by the service representative from the Disabled American Veterans, who represented the claimants in 30 of the 32 cases we

[4]Federal regulations (38 C.F.R. §3.327) authorize reexamination of veterans receiving disability benefits for certain conditions to determine if their conditions have changed.

reviewed; we did this to ensure that this representative had been properly informed of actions taken by BVARO concerning these cases. The representative had always been properly informed.

Coordinator's Role Is Limited

During our review, we noted that BVARO had appointed a PTSD coordinator, as directed by DVB, but had not assigned him any specific duties. BVARO officials said that this was because DVB had not specified duties; DVB officials stated that they had not specified duties because they wanted each regional office to determine the PTSD coordinator's role, given each region's own local needs. However, BVARO officials are currently identifying what those duties should be.

On September 17, 1986, DVB issued circular 21-86-11 to more clearly define the role of the PTSD coordinator. Specifically, the circular listed the responsibilities and duties of the PTSD coordinator as the following:

- Being thoroughly familiar with all DVB guidelines relating to PTSD.
- Being responsible for answering all inquiries relating to the adjudication of PTSD claims.
- Acting as the liaison with VA medical facilities concerning PTSD claims.
- Detecting problems with the adjudication of PTSD claims.

The regional director of BVARO told us that he will ensure that the coordinator will fulfill those duties and add other duties as deemed desirable. Some of the duties the regional director indicated that the PTSD coordinator would perform were tracking PTSD claims and conducting quality assurance reviews of them.

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